

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:

County... St. Marys
 City or town... California Pk
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all his life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... St Marys
 City or town... California
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name War _____

3. (a) FULL NAME

George F. Abell

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Mary Victoria Bennett

6. (c) If alive, give age

74 years

7. Birth date of

deceased (mo., day, yr.)

Apr 24 - 1965

8. AGE:

82

Years

3

Months

13

Days

If less than one day

hrs.

min.

9. Birthplace

St. Marys Co. Ind.
(Town, county, and state)

10. Usual occupation

Woman's Merchant

11. Industry or business

Last 65 yrs. General Merchandising

12. Name

George Washington Abell

13. Birthplace

St. Marys Co. Ind.

14. Maiden name

Mary Victoria Bennett

15. Birthplace

St. Marys Co. Ind.

16. Informant

Mary Victoria Abell

Address

California Pk St Marys Co. Ind.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Apr 27 - 1948
(month) (day) (year)

Cemetery or crematory

St. John's

Location

Near Hollywood, Ind.

18. Funeral director

W. C. M. Stirling, Sr.

Address

Terre Haute, Ind.

19. K/12

48Quincy

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 10 1948 at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1945 to April 10 1948

and that I last saw him alive on

Mar 30 1948

Immediate cause of death

Coronary
Occlusion

DURATION

Due to

Cardio Vascular
disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Francis F. Greenwell
M. D. or other

Address

Terre Haute, Ind. Date signed 4-11-1948

125413

RECEIVED
APR 14 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary'sCity or town Rural Abbott
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. Mary'sCity or town Rural Abbott
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Morris Birksight

3. (b) Social Security Number

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

divorced6. (b) Name of husband or wife Elizabeth Thersaribiki5. (c) If alive, give age 76 years

7. Birth date of

deceased (mo., day, yr.) 10-18-67

8. AGE:

Years

Months

Days

If less than one day

8060

hrs.

min.

9. Birthplace

Washington D.C.
(Town, county, and state)

10. Usual occupation

Policeman retired

11. Industry or business

MOTHER FATHER

12. Name

Louis August Birksight

13. Birthplace

Tupung Sunday

14. Maiden name

Maya Birksight

15. Birthplace

Essex Sunday

16. Informant

Charles Birksight

Address

Wash D.C.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4-21-48
(month) (day) (year)

Cemetery or crematory

Oak Hill

Location

Wash D.C.

18. Funeral director

McMurry Sons

Address

Unadilla19. 4-16-

(Date rec'd by registrar)

19 48R.V. Palum

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18- 19 48 at 8 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-18- 19 48 to 4-18- 19 48and that I last saw him alive on 4-18- 19 48

Immediate cause of death

coronary thrombosis

DURATION

 sudden

Due to

coronary thrombosis

Due to

chronic hypertension 5 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert V. Palum

M. D. or other

Address evening Date signed 4-16-48

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OFFICE OF THE ATTORNEY GENERAL

RECEIVED
APR 22 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *04155* *287*

1. PLACE OF DEATH:

County *St. Marys*
City or town *Leonardtown*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution? *3 days*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State *Maryland* County *St. Marys*
City or town *Bridge*
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Minnick A. Bradburn

3. (b) Social Security Number

220-16-7329

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife

Catherine

7. Birth date of deceased (mo., day, yr.) *Aug. 23 1902*

8. AGE: Years Months Days It less than one day
45 hrs. min.

9. Birthplace (Town, county, and state)

Maryland

10. Usual occupation *Chaffeur*

11. Industry or business *U.S. Navy Air Station*

12. Name *J. B. Bradburn*

13. Birthplace *Maryland*

14. Maiden name *Bethel B. Bradburn*

15. Birthplace *Maryland*

16. Informant *T. S. Wilkinson*

Address *Bridge, Md.*

17. *Burial* Date thereof *4-2-48*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium *Trinity M.C.*

Location *St. Marys City*

18. Funeral director *H. B. Robinson*

Address *Leonardtown, Md.*

4/3 *48* *Circulator*

19. (Date rec'd by registrar) 19. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *April 1 1948* at *7 A.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on *March 31 1948*

Immediate cause of death

Myocardial Failure DURATION *2 days*

Due to *Biliary Cirrhosis* *a 2 years*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature *Robert T. Fuchs, M.D.*

M. D. or other

Address *Leonardtown, Md.* Date signed *4/1/48*

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH

County ST. MARYSCity or town LEONARDTOWN
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14 DAYS

Hospital, institution, or street address where death occurred:

ST. MARYS HOSP.How long in hospital or institution? 14 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ST. MARYSCity or town Dakville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

James M. Buckler

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Elizabeth Buckler

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 20, 18658. AGE: Years 82 Months 10 Days 12 If less than one day _____ hrs. _____ min.9. Birthplace Dakville St Marys Maryland
(Town, county, and state)10. Usual occupation Farmer11. Industry or business same12. Name James B. Buckler13. Birthplace St Marys Co14. Maiden name unknown

15. Birthplace _____

16. Informant James M. Buckler JrAddress Baltimore 20 Co Maryland17. Buried Date thereof April 13, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Silverbrook cemeteryLocation Wilmington Delaware18. Funeral director W C Mattingley SonsAddress Leonardtown Maryland19. 4/17 48 Cavalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 APRIL 1948, at 1 25 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 MARCH 1948, to 10 APR 1948.and that I last saw him alive on 10 APR 1948.Immediate cause of death PNEUMONIA, hypostaticterminalDue to UREMIADue to ARTERIOSCLEROTICCARDIORENAL DISEASE

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Roy Gruther, M.D.Address Mechanicville, N.Y. Date signed 10 Apr 48

RECEIVED

APR 14 1948

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

118

04157

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. MarysCity or town Cockey
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County St. MarysCity or town Shawnee
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Thomas Synanus Carter

3. (b) Social Security Number

4. Sex Male 5. Color or race balanced 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Annie Ophelia Carter7. Birth date of deceased (mo., day, yr.) March 4, 1885 6. (c) If alive, give age 59 years8. AGE: Years 60 Months 0 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Bushwood St. Marys Ind
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Carter13. Birthplace St. Marys County14. Maiden name Augusta Wilson15. Birthplace St. Marys Co.16. Informant Annie O. CarterAddress Cockey Ind.17. Burial Date thereof 4/5/1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sacred HeartLocation Bushwood Ind.18. Funeral director W. D. MattingleyAddress Leonardtown Ind.19. 4-3-1948 R. V. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 19 48, at 4:45 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-31 19 48, to 4-3 19 48and that I last saw him alive on 4-3 19 48Immediate cause of death Respiration DURATIONTuberculosisDue to Pericarditis 2d.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

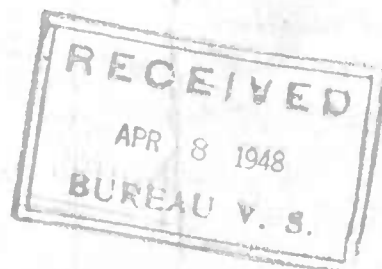
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert V. Palmer M. D. or otherAddress Leonardtown Ind. Date signed 4-3-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County St. Mary's
 City or town near Oakley Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:
Oakley Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Mary's
 City or town Oakley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Melvin Carter

3. (b) Social Security Number

4. Sex male 5. Color or race COLORED 6.(a) Single, married, widowed, or divorced single

8.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov 15 - 1929

8. AGE: Years 18 Months 4 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Buck Wood St. Mary's Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name James H. Carter

13. Birthplace St. Mary's Co

14. Maiden name Bessie E. Carter

15. Birthplace St. Mary's Co

16. Informant John Thomas Carter

Address Oakley Maryland

17. Burial Date thereof April 15 - 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Buck Wood Md

18. Funeral director W. C. Matthews Sons

Address Leonardtown Maryland

19. 4/1/48 19 48 Cumaley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 19 48 at 2:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when seen to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Advanced Pulmonary Tuberculosis
 Due to culicis _____ 1 year _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

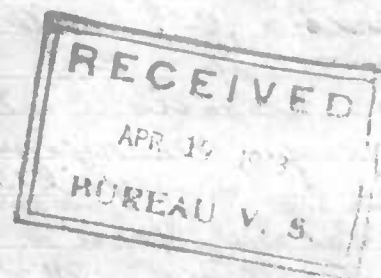
23. SIGNATURE William J. Saw M. D. or other _____

Address Leonardtown Md Date signed 4/12/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. MarysCity or town Great Mills
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

Great Mills Maryland

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Del County St. MarysCity or town Califarmia
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Julia Christine Blake

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhitemarried

6. (b) Name of husband or wife

George W. Blake6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.)

April 10 1905

8. AGE:

Years

Months

Days

If less than one day

421127

hrs.

min.

9. Birthplace

Califarmia St. Marys Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Master Senator

13. Birthplace

St. Marys Co.

14. Maiden name

Frankie Haldenborough

15. Birthplace

St. Marys Co.

16. Informant

Sister Blake

Address

Califarmia Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

April 9, 1948
(month) (day) (year)

Cemetery or crematory

Holy Face

Location

Great Mills, Md

18. Funeral director

Address

W. D. Spattenglen, plans
Terrenton, Md.

19.

(Date rec'd by registrar)

4/81948Camacho
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1948 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 2 1948 to Apr 7 1948and that I last saw him alive on Apr 5 1948

Immediate cause of death

DURATION

Chronic Endocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

Frank A. Camacho
Terrenton 4/8/48

RECEIVED

APR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys
 City or town Valley Lee
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Valley Lee Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Valley Lee
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Benz Hewitt

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Emily Blanche Hewitt
 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov 12 - 1874

8. AGE: Years 73 Months 4 Days 30 If less than one day _____ hrs. _____ min.

9. Birthplace Valley Lee St Marys Md
 (Town, county, and state)

10. Usual occupation Care taker

11. Industry or business _____

12. Name John Hewitt

13. Birthplace St Marys Co

14. Maiden name Mary Johanna Travers

15. Birthplace St Marys Co

16. Informant Vernon Hewitt

Address Valley Lee Md

17. Burial Date thereof April 13, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Poplar Hill Cemetery

Location Valley Lee Maryland

18. Funeral director W. C. Mathis & Sons

Address Leonardtown Md

19. 4-10- 1948

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1948 at 8:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1947 to April 10 1948
 and that I last saw him alive on April 8 1948

Immediate cause of death _____ DURATION _____

Carcinoma of stomach 2 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

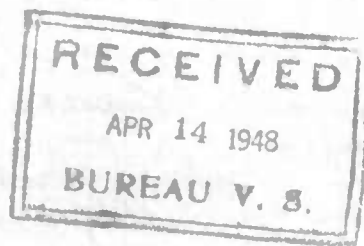
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. J. Brans, M.D. M. D. or other _____

Address Great Mills, Md. Date signed 4-10-48

 Registrar



RECEIVED

APR 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 284

1. PLACE OF DEATH:

County St. Mary'sCity or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

St. Marys Hosp.

How long in hospital or institution?

3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St MarysCity or town Pooresville Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

L. E. Elizabeth Miles

3. (b) Social Security Number

4. Sex

female

5. Color or race

Caucas

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 17 1890

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

57618

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER

12. Name

John Youkalis

13. Birthplace

St Marys Co. Md

MOTHER

14. Maiden name

Annie Butler

15. Birthplace

St Marys Co Md

16. Informant

Joseph Miles

Address

Pooresville Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4-7-48
(month) (day) (year)

Cemetery or crematory

St Josephs

Location

Marys Co Md

18. Funeral director

Chas. S. Squire

Address

Pooresville Md

19.

April 6 - 48

(Date rec'd by registrar)

19.

Eleanor S. Carter

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1948, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3' March1948, to 4 April 1948and that I last saw h. on alive on 4 April 1948Immediate cause of death Uremia

DURATION

Due to

Bilateral ureteral block

Due to

Carcinoma uterus6 mos

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

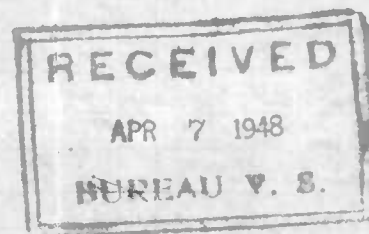
23. SIGNATURE

Roy Guyther, M.D.

M. D. or other

Address

Pooresville MdDate signed 5 April 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH

County St. Mary's
 City or town New Market Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Charlotte Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John L. Thompson

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Agnes A. Thompson
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 9 - 1875
 8. AGE: Years 72 Months 11 Days 10 If less than one day _____ hrs. _____ min.
 9. Birthplace Picerville Charles Maryland
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business

12. Name James L. Thompson
 13. Birthplace St. Mary's Co
 14. Maiden name Sarah Anderson
 15. Birthplace St. Mary's Co
 16. Informant J. Melvin Thompson
 Address 52 Adams St N.W. Washington D.C.
 17. Buried Date thereof April 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Joseph Cemetery
 Location Maryland
 18. Funeral director W. C. Matthews, Sons
 Address Severna Park Maryland
 19. 4/21 19 48 Cremation
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 19 48 at 8:40 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Death when first seen 19 _____
 and that I last saw him _____ alive on _____ 19 _____
 Immediate cause of death _____
 DURATION _____
Fractured skull (base) immediate
 Due to _____
Trauma
 Due to _____
 Other conditions Fractured ribs, ribs,
fractured pelvis, femur, humerus, lower
limb - femur
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results Fractured skull, med. fracture.
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 4/18/48
 Where did injury occur? New Market St. Mary's Md
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Highway
 Means of injury Automobile Injured at work? no
 23. SIGNATURE Julius L. Lane M.D.
 Address Lebanon Md Date signed 4/19/48
 M. D. or other

RECEIVED

APR 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
 City or town Lenastron
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo.
 Hospital, institution, or street address where death occurred:
St. Mary's Hospital

How long in hospital or institution? 1 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town California
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Matthews Wheeler

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Anna Wheeler

7. Birth date of deceased (mo., day, yr.) 2/4/1898 6.(c) If alive, give age _____ years

8. AGE: Years 50 Months 1 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace La Plata, Charles Co. Md.
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name Fred Wheeler

13. Birthplace Post Creek, Charles Co. Md.

14. Maiden name Emma Marshall

15. Birthplace Post Creek, Chas. Co. Md.

16. Informant Annie Wheeler

Address Mt. Conchie, Maryland

17. Burial Date thereof 4 8 '48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Catherine's

Location Mt. Conchie, Charles Co. Md.

18. Funeral director James H. Hays

Address Mason's Spring, Charles Co. Md.

19. 4/5 19 48 Cameliot

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 48 at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 19 48 to April 5 19 48

and that I last saw him alive on April 5 19 48

Immediate cause of death uracemia DURATION 1 mo.

Due to Bilateral acute hemiplegia & neglect 1 mo.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results Auto hemiplegia; neglect Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE John I. Lane, M.D. M. D. or other _____

Address Lenastron Md. Date signed 4/5/48



RECEIVED

APR 8 1948

BUREAU V. S.